

Quad Parish Faith Formation Registration 2008-2009

936 9th Street – Green Bay, WI – 54304 – 920-497-7042

Serving Annunciation, St. Joseph, St. Jude and St. Patrick Parishes

Family Registration Family Last Name _____

Parish Where You Are a Member _____ Language spoken in home if other than English _____

Children live with (check one) Both Parents Mother Father Other (_____)

Mailings should be sent to Both Parents Mother Father Other (_____)

Family Mailing Address _____ City _____ Zip Code _____

Email Address _____ Home Phone _____

Father's Name _____ Dad's Work Phone _____ O.K. to call?Y/N

Address if different than above _____ Dad's Cell Phone _____

Marital Status _____ Religion _____

Mother's Name _____ Mom's Work Phone _____ O.K. to call?Y/N

Address if different than above _____ Mom's Cell Phone _____

Marital Status _____ Religion _____

Volunteer Opportunities

Throughout the Faith Formation year, many volunteers are needed to make our program a success. If you are available to help with one of the following areas please check the box and we will contact you with further information.

Teach a Class (Grade ___) **Classroom Aid** **Classroom Substitute** **Hall Monitor** **Drive/Chaperone Service Events**

Children's Liturgy **Baking/Snacks** **Youth Ministry Events** **Other:**

Serve on Faith Formation Committee which meets the first Tuesday of each month from 6:30-7:30 pm

Videotaping and Still Photographs

Video and still photographs may be taken during the 2008-2009 Faith Formation year. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future educational, exhibition and promotional efforts, including the Quad Parishes website and bulletin. A Promotional/Media release form is available in the Quad-Parish Faith Formation office for parents who do not wish to give consent to use the name, portrait or other likeness of their children to the Quad-Parish Faith Formation Center.

Please Fill Out Both Sides of Form

Student Registration – Please fill out the following sections for each student. Additional students may be added on separate sheet. Tuition is \$45.00 per student with a family tuition cap of \$135.00. An additional Sacramental preparation materials fee of \$50.00 is added for all students in grades 2 and 11. Area Special Religious Education is available for students with cognitive disabilities. Contact the office for more info.

1. _____
Student Name (First, Middle Initial, Last) _____ Male or Female _____ School Attending _____ Grade in Fall 2008 _____ Date of Birth _____
 Baptism Date/Place: _____ Check if Received: Reconciliation _____ Eucharist _____
 Tuition (\$45.00) _____ + Additional Fee For Sacrament Years: Gr2 + \$50.00 _____ Gr11 + \$50.00 _____ **Tuition Subtotal** _____
 Please describe any special learning, physical, developmental or accommodation needs for this child:

2. _____
Student Name (First, Middle Initial, Last) _____ Male or Female _____ School Attending _____ Grade in Fall 2008 _____ Date of Birth _____
 Baptism Date/Place: _____ Check if Received: Reconciliation _____ Eucharist _____
 Tuition (\$45.00) _____ + Additional Fee For Sacrament Years: Gr2 + \$50.00 _____ Gr11 + \$50.00 _____ **Tuition Subtotal** _____
 Please describe any special learning, physical, developmental or accommodation needs for this child:

3 _____
Student Name (First, Middle Initial, Last) _____ Male or Female _____ School Attending _____ Grade in Fall 2008 _____ Date of Birth _____
 Baptism Date/Place: _____ Check if Received: Reconciliation _____ Eucharist _____
 Tuition (\$45.00) _____ + Additional Fee For Sacrament Years: Gr2 + \$50.00 _____ Gr11 + \$50.00 _____ **Tuition Subtotal** _____
 Please describe any special learning, physical, developmental or accommodation needs for this child:

4 _____
Student Name (First, Middle Initial, Last) _____ Male or Female _____ School Attending _____ Grade in Fall 2008 _____ Date of Birth _____
 Baptism Date/Place: _____ Check if Received: Reconciliation _____ Eucharist _____
 Tuition (\$45.00) No Charge + Additional Fee For Sacrament Years: Gr2 + \$50.00 _____ Gr11 + \$50.00 _____ **Tuition Subtotal** _____
 Please describe any special learning, physical, developmental or accommodation needs for this child:

Choose a Payment Plan Below:(Checks can be made payable to Faith Formation Tuition) Total Tuition & Sacramental Fees _____

- _____ Paying in full at time of registration.
- _____ Two equal payments of \$_____ (first payment at registration, second payment January 15th).
- _____ Three equal payments of \$_____ (first payment at registration; second by November 15 and third by March 15th).
- _____ No child is turned away because of an inability to pay. Please complete the following: I am requesting financial assistance in the amount of \$_____ because of _____

I accept the policies of the Religious Education/Youth Ministry Programs and understand that I am responsible for the tuition and Sacramental fees above.

Signature of Parent/Guardian _____ **Date** _____

Please Fill Out Both Sides of Form

EMERGENCY AUTHORIZATION

FAMILY NAME: _____

CONTACT ADDRESS: _____

PHONE(S): _____

To: *Religious Education and Youth Ministry of Annunciation, St. Joseph, St. Jude and St. Patrick:*

In case of an accident or serious illness while in the Faith Formation building, and if we as parents are unable to be reached, I hereby authorize the above named Religious Education and Youth Ministry Program staff to call the physician listed below and to follow his or her instructions for the child or children here named. If this physician is unable to be contacted, the staff and their assistants may make whatever arrangements are deemed necessary.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Local Physician's Name: _____

Physician/Clinic Address: _____

Physician/Clinic Phone: _____

Name of Preferred Hospital: _____

Remarks or Special Instructions: